FORM 3X

Office

Use

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FE6AN026

2017 - 07 - 10 - 08 - 00161859

REPORT OF RECEIPTS **AND DISBURSEMENTS**

For Other Than An Authorized Committee

FEC FORM 3X

Rev. 12/2004

				_ [() Onice ose; Only	
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typir over the lines.	ng, type 12FE	34M5	0
EMBOWER ING	EACH	0 MM, U, N, I, T, Y, 16	2AG		
				<u> </u>	
ADDRESS (number and street)	19,1,1,15,1	14, V, C, R, S, P, R, 1, 1	VG AVEN	ue	
Check if different	15,0,1,te	1,94			
than previously reported. (ACC)	Silver	SPRING.		12,49,10	J <i>-</i> [
2. FEC IDENTIFICATION N	IUMBER ▼	CITY A	STATE	ZIP C	ODE A
C0.04261	2,2		NEW N) OR	AMENDED (A)	
4. TYPE OF REPORT (Choose One)	(b) Monthly Report	Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Due On:	Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
April 15		Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (YE)
Quarterly Report ((c) 12-Day		') G e	eneral·(12G)	Runoff (12R)
Quarterly Report ((Q2) PRE-Ell Report		12C) Sp	pecial (12S)	
Quarterly Report	(Q3) ,	/	0 0 0 / V 0 V 0	YaY in th	
Year-End Report July 31 Mid-Year	` '	Election on	Lateral Instant	State	; of
Report (Non-elect Year Only) (MY)	POST-E		G) Ru	unoff (30R)	Special (30S)
Termination Repo (TER)		Election on	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	in th	5 2
5. Covering Period $09'01'2017$ through $06'30'2017$					
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer THOMAS A. Gentile					
Type or Print Name of Treasur	rer 1 [70]**	AS A. GENT	116		
Signature of Treasurer	Mu C	1. Sentell	Date	07 08	2017

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.